

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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49						
50						

TOTAL IND.

6

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TOTAL DEP.

5

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TOTAL CLAIMS

2

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	*		*		*	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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99						
100						

TOTAL IND.

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TOTAL DEP.

2

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TOTAL CLAIMS

2

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